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Ophthalmic Literature

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VOL. IV.

NOVEMBER, 1914.

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

A TRIUMPH FOR PEACE.

Within the last month has come to hand a double number (July-August) of the *Klinische Monatsblätter für Augenheilkunde*, the first issued since the outbreak of the European war. This we have been disposed to regard as, in many ways, the leading ophthalmic periodical of the world; and this issue of 304 pages well sustains that character. Its twenty-one original articles occupy 210 pages. The transactions of ten ophthalmological societies are given, and its general review of the literature contains abstracts of articles from all parts of the world. The half-tone and colored illustrations and plates represent the latest triumph of the arts of illustration.

But at the present time this issue is more striking on account of its cosmopolitan character. The opening article is by Uribe y Troncoso of Mexico, and citizens of seven other nations are represented among the writers of its original papers. Among these are four from Japan, while two of the contributors are Russians. In the society transactions France, Belgium, England, Denmark and the United States are represented, as well as Germany and Austria. At the head of the book reviews is the notice of "Sclero-Corneal Trephining" by Col. R. H. Elliot. Its general review of the literature includes abstracts of papers published in all the countries with which Germany is now at war; among its 189 abstracts prepared by collaborators, some of whom live in Kiev, Turin and Amsterdam.

Probably to men in the psychological state of conflict, whose judgment is inhibited by phrases of "race superiority" and "race destiny," the achievement of such a publication may seem a triumph of German "kultur." It is not; it is triumph of world peace. The organization which made the publication possible—the collection of original papers published in it, their preparation, perhaps the greater part of their printing, was done before war broke out—would have been absolutely impossible under present hostile conditions.

Against such an achievement of peace what has war to offer as a method of settling international dispute, or of securing the natural opportunities of life for the great masses of men, or of developing the latent powers and guiding the health of the race? War, by its spectacular methods and its violent emotions, easily blinds men to the relative greatness of the achievements of peace which come by processes more like the growth of organic life, the succession of the seasons, the effects of moisture and sunlight. In the essential conditions that it presupposes, in the greatness of its accomplishment, and the permanence of its value, such a publication as this is greater than any martial achievement that Germans have dreamed of.

It is the duty of those who are outside the sweep and madness of

temporary passion to keep their judgment true and to insist on the permanent values. The art of preserving life, of restoring health, of increasing the vital capital of the race, is greater than the art of destroying life, diffusing disease and reducing men to their primitive physical or emotional states. Those who see this must insist on it, emphasize it and conduct themselves in accordance with it. We must go on with the greater work of developing the science and art of medicine, each by working in his particular department even when others drop their tasks to take part in an orgie of destruction.

We hope that this issue of the *Klinische Monatsblätter für Augenheilkunde* represents, not only what had been achieved before this storm of war broke forth, but also a purpose to preserve so far as possible amidst the shock of adverse forces, a high loyalty to the ideals of science and art, that will still exert their beneficent influence when the events and emotions of the war are forgotten.

OPHTHALMOLOGICAL SOCIETIES IN AMERICA.

The securing of accounts of the older ophthalmological societies of America and the bringing together of the necessary data regarding them has been a matter of greater difficulty than was at first expected. In the account of them to be given in *OPHTHALMIC LITERATURE* it seemed logical to mention the older organizations first. Hence the delay with regard to them makes it necessary to carry this undertaking over into another year.

The bulk of the material accumulating will require additional pages in the new volume, either in the regular issues or in the form of supplements. But the preliminary work has now progressed so far that we can promise the early publication of historical matter that will be of interest to all American ophthalmologists.

BOOK NOTICES.

Glaucoma—A Symposium. Presented at a meeting of the Chicago Ophthalmological Society. Edited by Willis O. Nance and Wesley Hamilton Peck. 12mo. 151 pages. 1914. Chicago Medical Book Company Price, \$1.50.

This convenient little book reflects our present knowledge of glaucoma as seen from many different angles. Five different aspects of the subject were presented, each by a different essayist, with a member speaking in discussion. These were Etiology and Classification, Edward Jackson and Francis Lane; Pathology, John E. Weeks and E. V. L. Brown; Non-Surgical Measures for Reduction of Increased Intra-ocular Tension, George E. de Schweinitz and Nelson M. Black; Trephining, Robert H. Elliot and Frank C. Todd; Operations Other than Trephining, Casey A. Wood and Albert E. Bulson, Jr.

For a work of multiple authorship there is extremely little repetition. This may have been prevented by the careful division of the general topic in the first place, and the abstracts of the papers printed in the program of the meeting which informed the writer of each of the ground to be covered by his colleague. These abstracts printed in the book furnish a servicable table of contents. The large type, good paper and neat appearance make it an attractive volume. Doubtless it will be widely read.

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 Wiegmann, G. Care of Vision of Deaf Mutes. *Klin. M. f. Augenh.*, v. 53, p. 302.

Abstracts From Foreign Journals

Cecchetto, E. Exophthalmus From Gumma of Superior Rectus. (*Annali di Ottalmologia*, 42nd year, p. 818.)

The patient was a married man of 35 years. The symptoms included supraorbital neuralgia, ptosis of the left upper lid, paresis of the left superior rectus and slight left exophthalmus. There was later complete external and internal ophthalmoplegia, with increase of the exophthalmus. The Wassermann test was positive. Intragluteal injections of calomel and large doses of iodide of potash failed to produce any improvement. There was decided relief after one intragluteal dose of salvarsan (60 cg.). At the insertion of the superior rectus was discovered a large swelling which shortly ruptured. Some staphylococci, but no spirochetes, were found in the discharge. Complete cure followed two and a half months' treatment with a total of three doses of salvarsan, two injections of calomel and heavy dosage of potassium iodide.

Piccaluga, S. F. Initial Syphilomas of Ocular Adnexa. (*Annali di Ottalmologia*, 42nd year, p. 885.)

The first patient was a man of 51 years. The primary lesion involved the conjunctival surface of the right lower lid, appearing as a

pea-sized swelling of the outer third, of almost cartilaginous hardness, and involving both the conjunctiva and the tarsus. At the center of this nodule was an ulcerated surface about the size of a millet seed. Both lids were markedly edematous. The second patient was a woman of 25 years. The primary lesion appeared as an ulceration, 18 by 8 mm., which looked like an erosion of the skin of the left upper lid. In neither case was the history of any value as regards the source of the infection. The diagnosis was established in each instance by the finding of the spirochete and by other clinical and laboratory evidence.

Perrod, G. Atrophy of Optic Nerve in *Tabes Dorsalis*. (*Annali di Ottalmologia*, 42nd year, p. 899.)

There has been much dispute as to whether the appearance of optic atrophy had any special relation to the evolution of the other symptoms of dorsal tabes, some authors believing that the presence of blindness favors cure of the *tabes dorsalis*, some that blindness arrests the tabes, and some that the blindness has no such influence. The case described favors rather the third than either the first or second of these opinions. The patient's primary infection occurred at 34 years of age. In spite of anti-syphilitic treatment, at 40 years he began to notice failure of vision. The right eye was completely blind at 50, and the left at 53 years. At 53 years he began to have lightning pains in the legs, with bone and joint pains in the knee, the tibia and the foot; and at 54 years he had an alveolar necrosis which resulted in loss of all the teeth of the upper jaw, and in perforation of the bony palate. At fairly long intervals he also had gastric crises with vomiting, the attacks lasting three or four days. Later he suffered from a cardiac lesion, with edema of the lower limbs. There were miosis and characteristic tabetic atrophy in both eyes.

Tarducci, A. New Diploscope for Determination of Vision in Simulated Amblyopia. (*Annali di Ottalmologia*, 43rd year, p. 278.)

To the diploscope of Remy and that of Bourdeaux Tarducci objects that upon slight lateral inclination of the head of the examinee some letters become hidden by the screen and others are uncovered, so that on the one hand the examiner is uncertain in judging the replies given, and on the other hand there is danger that the examinee may realize the character of the experiment. To avoid this inconvenience, Tarducci has added a second screen, which is interposed between the letters and the first screen, openings being so arranged in the second screen that when the patient inclines his head the visual lines are interrupted by this second screen. In other words, some of the visual lines are "canalized" in one predetermined direction, and others in another direction, each set of visual lines being independent of the other, so that each eye is compelled to see one or other set of lines as desired by the examiner, according to the disposition of the screens. Each screen allows of four different combinations of the apparatus, so that any letter may be seen by the right eye in one combination and by the left eye in another combination. Illustration I (p. 282) shows how this change occurs. The construction of the diploscope otherwise resembles that of Remy. The letters are arranged upon a horizontal revolving polyhedron with eleven faces, on each of which are four letters. The size of the letters on the different faces varies between limits of 1/10 and 11/10. The letters are placed at a distance of five meters from the patient. Not only is it impossible even for a physician who understands the intimate structure of the apparatus to simulate, but the visual acuity of each eye can be ascertained.

Bialetti, G. Preparation of Patient and Surgeon for Operation. (Annali di Ottalmologia, 42nd year, p. 686.)

The full title of this article is "Minutes of the Period of Six Years from 1907 to 1912, With General Considerations on the Use and Value of Antiseptic Substances in the Preparation of the Visual Organ for Medications and for Operative Acts, and on the Methods of Disinfection of the Hands of the Ophthalmologist." The author's method of preparing the operative field is as follows: Twenty-four hours before operation the lids and face of the patient are well washed with soap, and then with a disinfectant solution (oxycyanide of mercury or corrosive sublimate 1:3000), followed by alcohol and ether. A compress of the disinfectant used is then applied and kept in place for about twelve hours, after which the eye is occluded with a dry sterile dressing. As regards disinfecting the operator's hands, experiments were made which lead the author to express a preference for either combined use of corrosive sublimate, permanganate of potash and oxalic acid; or the use of tincture of iodine. Clinical statistics of the eye department of the Vigevano Hospital are appended.

Cavara, V. A New Form of Keratomycosis. (Keratomycosis mucorina). (Annali di Ottalmologia, 42nd year, p. 650.)

The infection followed a blow on the eye with a clod of earth, in a man of 22 years. The subjective symptoms were slight photophobia and a sensation as of a foreign body in the eye. The lesions appeared as two white, opaque raised areas, the larger somewhat pyriform and the size of a pin head, with sharply defined outlines, and approached by a leash of blood vessels from the limbus. There was no surrounding infiltration of the cornea. Recovery was rapid. The morphologic and cultural characteristics are described in detail. The parasite isolated was a slightly interlacing mycelium, of snow-white color on the ordinary culture media, except that upon potato, milk and bread pap the color was leaden gray. It was pathogenic if inoculated into the veins or peritoneum of the rabbit, guinea-pig or rat. It was pathogenic for the ocular tissues of the rabbit and guinea-pig.

This is described by the author as the first case of keratomycosis proved to be due to a Mucorinea. For this species of Mucor he proposes the name *M. cornealis*.

Colombo, G. L. Attempts at Anti-anaphylaxis by Instillations Into Conjunctival Sac. (Annali di Ottalmologia, 42nd year, p. 711.)

On the fourteenth day after parenteral injection of horse's serum into guinea-pigs, anti-anaphylaxis was attempted by instillation of horse serum into the conjunctival sac. Neither with single nor multiple instillations did it prove possible to prevent the appearance of the serious anaphylactic phenomena produced by subsequent intravenous injection of the horse serum. Animals which had received repeated instillations of horse serum into the conjunctival sac, and which after the usual anaphylactic incubation period received an intrajugular injection of the same serum, did not show any anaphylactic phenomena. In a further series of experiments no difference was noted as between the action of a mortal dose of tuberculin on tuberculous guinea-pigs treated with repeated instillations of tuberculin, and tuberculous control guinea-pigs not so treated. It was further found impossible to obtain sensitization of guinea-pigs with repeated instillations of tuberculin in the conjunctival sac.

Migliorino, S. Epibulbar Epithelioma in a Case of Xeroderma Pigmentosum. (Annali di Ottalmologia, 42nd year, p. 675.)

The patient was a girl of 8 years. The face, neck, hands, forearms and legs showed pronounced development of xeroderma pigmentosum, the growths and pigmentation being most abundant on the

face. The mucosa of the lips and of the face presented alterations analogous to those of the skin. At the nasal side of the corneal limbus of the left eye was a minute, white, non-vascular tumor about the size of a grain of wheat and fed by vessels coming from the plica semilunaris. The tumor was removed under chloroform, and there was no sign of recurrence a year later. Microscopically the growth proved to be a typical squamous epithelioma. There was no consanguinity of the parents, whose history was otherwise without significance. Two sisters and a brother of the patient all had xeroderma pigmentosum.

Valli, O. Superior Luetic Pseudo-tabes With Interstitial Optic Neuritis. (*Annali di Ottalmologia*, 42nd year, p. 629.)

A man of 36 years, whose Wassermann reaction was positive, and who for a fairly long period had suffered from lancinating pains in the zone of innervation of the first and second branches of the trigeminus, had two apoplectic seizures at a short interval, with complete loss of consciousness and successive loss of all the senses. There was a girdle sensation in the head. After the second stroke he gradually recovered smell, taste, hearing and finally some degree of vision. Although the central visual acuity was good, there was concentric reduction of the visual field for both white and colors, and later a sector defect. Other ocular symptoms were the Argyll-Robertson pupil, Berger's symptom (oval deformity of the pupil under the action of cocaine), hypoesthesia and hyperesthesia of the bulbar conjunctiva, Graefe's symptom (failure of the upper lid to follow downward movement of the eyeball) and post-neuritic optic atrophy. There was no ocular ataxia. There was transient amnesia.

The author excludes successively a diagnosis of multiple sclerosis and of general paralysis, and states the diagnosis to lie between cerebral syphilis and a form of tabes superioris. The violent pains in the region of the trigeminus might be spoken of as crises. The change in the optic nerves was in the nature of a descending atrophy. The patient was rather markedly helped by a course of mercury. The ocular crises, which in relation to tabes are more frequent in the pre-ataxic period, disappeared completely, leaving merely some headache. On this account, and because of the absence of a distinctly tabetic symptom complex, the author considers the case to have been one ofluetie pseudo-tabes, rather than one of true tabes.

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